DOCUMENT RESUME

ED 273 385 PS 016 021

AUTHOR Howes, Carollee
TITLE Quality Indicators for Infant-Toddler Child Care.
PUB DATE Apr 86
NOTE 22p.; Paper presented at the Annual Meeting of the American Educational Research Association (67th, San Francisco, CA, April 16-20, 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Caregivers; Classroom Observation Techniques; Comparative Analysis; Curriculum Evaluation; *Day Care; Early Childhood Education; *Educational Assessment; *Educational Quality; Educational Research; *Evaluation Criteria; *Parent Influence; Parent Participation; Preschool Education; *Program Effectiveness; Program Evaluation

ABSTRACT

A study compared child care centers determined to be of high quality and low quality along three established indicators of quality: good adult/child ratio, caregiver continuity, and caregiver training in child development. The centers were all community centers who enrolled full tuition parents. Eighty-nine families with children aged 18, 24, 30, and 36 months participated in the study. The research team spent a year observing each center. Their observations revealed additional differences in high versus low quality child care centers. In the high quality centers, parents were involved in the day-to-day life of the center, children were more likely to be self-regulated, parents were invested in their child's compliance both at home and in the center, and parents were less stressful and more satisfied with their child care. The findings suggest that not only do good things within child care go together but that working parents who have less stressful lives and are more competent and confident in their parenting are more likely to be associated with high quality than low quality child care. (HOD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED273385

Quality Indicators for Infant-Toddler Child Care

Carollee Howes

University of California, Los Angeles

Paper presented as part of a Symposium D. Peters, Chair, What child care environments mean for children's development. American Educational Research Association, 1986

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Carollee Howes

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 016021

Quality indicators in infant and toddler child care

What kind of child care should we be providing for infants and toddlers? The issues of whether or not young children should be in child care and if they are to be in child care what kind of care is optimal have been loomed large in both professional and general public debates. The first half of the debate, whether infants and toddlers belong in child care at all, is no longer an issue. Recent statistics indicate that close to half of mothers with infants one year old and younger are now in the paid labor force and all indications are that this percentage will only increase (O'Connell & Rogers,1983). The question of what type of care is optimal for children under three continues to be important. The debate around optimal care for infants and toddlers is confounded by discussions between the form of care e.g. housekeeper, family day care, center care, versus variations within forms of care, e.g. caregiver training. We know that for a variety of reasons, economic as well as traditional views of women and families, most infants and toddlers in child care are cared for in family day care homes rather than in child care centers. However research which attempted to compare the type of care provided in these two child care forms has tended to conclude that the variation within forms is greater than the variation between forms (Golden, Rosenbluth,

Grossi,Policave, Freeman & Brownlee,1978; Howes, 1983; Howes & Rubenstein,1985). Family day care homes because they are more private, informal, and less likely to be licensed are more variable in quality than center child care.

Another problem that confronts researchers of child care quality indicators is that good things tend to go together (McCartney, 1984). That is a child care facility that has a small child to adult ratio also tends to have small groups, trained staff, and a balanced program for the children. It becomes exceedingly difficult then to say exactly what makes this child care good. For this reason a number of researchers have turned to studying good versus poor child care rather than trying to ascertain the effects of a particular marker, i.e. adult:child ratio, on children's development. The critical aspect of this research which compares the development of children in child care of varying quality is the selection of the criteria for determining child care quality. In my own work I am realatively confident of my criteria for determining the quality of center based child care for infants and toddlers as there is sufficient research to support the criteria. The criteria for determining quality in family day care homes for infants and toddlers remain problematic. There are few research studies which attempt to identify markers of quality in family day care homes. Furthermore it is very difficult to obtain permission from providers to study

family day care homes. Unlicensed providers are understandably reluctant to participate. In addition many providers believe that as they are providing mother-like care in private homes it is inappropriate for researchers to study them. I am currently engaged in a large scale study to examine the range and variation within family day care homes of several markers of quality and hope eventually to be able to replicate some of the research that has been conducted in center care. However the remainder of this chapter will focus on center care for infants and toddlers.

Criteria for quality in center based infant and toddler care

I have selected three indicators of quality in center based infant and toddler care: adult:child ratio, caregiver continuity, and caregiver training in child development. Each of these indicators has a conceptual relationship to the provision of optimal care and has been identified in previous research to be associated with positive child and caregiver behaviors.

Adult:child ratio The inclusion of the number of children cared for by each adult as a quality indicator rests on the assumption that much of the infant and toddler's contact with the social and inanimate world is mediated by the adult caregiver. Through social games, verbal interaction, and physical contact the caregiver provides the young child with a sense of security and of

enjoyment of social exchange. Moreover the caregiver provides the infant or toddler with objects, highlights their properties and engages with the child in object play. Finally by her sensitive responses to the child's social signals the caregiver facilitates the child's development of a sense of self-worth. The number of children with whom each caregiver can engage in a stimulating and sensitive fashion is by necessity limited. With too many children to care for the caregiver's interaction with each child becomes limited to diaper changing, and feeding. Cargivers themselves report that a major cause of stress in their jobs is too many children and that in these cases their caregiving becomes routinized (Whitebook, Howes, Darrah, & Friedman,1980).

One of the most important tasks of the infant toddler period of development is the establishment of secure attachment relationships. Most infants and toddlers in child care establish secure attachment relationships with their parents. However children also establish attachment relationships with child care caregivers (Ainslie & Anderson, 1984; Cummings, 1980; Ricciuti,1974). Adaptive, secure attachment relationships are fostered by caregivers who are warm and sensitive to the baby in their care. (Ainsworth, Blehar, Walters & Wall,1978). Such caregiving becomes more difficult to provide with many children for each caregiver.

How many infants and toddlers are too many? The National day care study (Roupp, Travers,Glantz & Coelen, 1979) studied centers with a range of between three and fourteen children per adult caregiver. As the number of children per adult increased observers reported more child distress and increased staff management and control activities on the part of the staff and more apathy and exposure to danger on the part of the children. Clearly fourteen infants and toddlers are too many but what about six or seven? Howes and Rubenstein (1985) studied centers and family day care homes that had adult child ratios within a smaller range, 2 to 6 children per adult. They report that when there were three or fewer toddlers per each adult children engaged in more talking and playing with adults and spent less time crying and being restricted by adults. Further information on optimal numbers of children per adult can be found in the licensing codes for each state. California regulations, which are among the most progressive, were initially established though consultation with child care professionals. They set the minimum number of children to be cared by each adfult as four in the infant period and 12 in preschool.

In the research to be reported in this chapter all of the child care centers serving infants and toddlers in a geographic subsection of a large urban city were asked to participate in the study. All eight agreed to participate.

Initial observations in the centers found that the adult child varied between 1:3 to 1:8 for 18 to 29 month old olds and between 1:5 to 1:17 for 30 to 36 month olds. Thus despite relatively high state licensing standards, four centers exceeded the minimum number of children per adult. For the purpose of the research project high quality centers were considered to be those centers which had adult:child ratios of 1:4 or less in the two year old and younger groups and 1:7 or less in the thirty and thirty-six month old groups.

Caregiver continuity The infant and toddler's sense of security in child care is dependent on the continuity or stability of caregivers. As noted above the infant and toddler in child care forms attachment relationships with child care caregivers.The child who forms an attachment relationship with the adult caregiver is able to make a smooth transition between home and child care and then is able to use the caregiver as a secure base during the day. Attachment formation is based in part on the availability and predictability of the caregiver. The child who experiences many different caregivers may fail to become attached to any of them and thus fail to be secure in child care. The loss of an attachment figure can be very painful to a young child. The child who forms attachments to a series of caregivers all of whom leave may find it too

painful to continue the cycle and conclude that human relationships are to be avoided.

Research on infant toddler child care suggests that infants and toddlers differentiate between stable and non stable caregivers. Rubenstein & Howes (1979) found that twice as much interaction took place in center care between infants and head teachers as between infants and less stable volunteers. Cummings (1980) observed infants during the begining of the day, when mothers left them in center care. Infants were less resistant to transfer from the mother to caregiver and exhibited more positive affect when mother left if the caregiver was a stable caregiver as opposed to a nonstable caregiver.

In our survey of community child care centers we found very high rates of caregiver turn over. Children in the four high quality centers had one or two primary teachers over a year while children in the low quality centers had at least three and as many as ten different primary caregivers over a year period.

Teacher training Teacher training as a quality indicator of infant toddler child care is probably the most controversial of the criteria selected for this study. Infant toddler child care is relatively new. While teacher training institutes have trained preschool or nursery teachers for years, the need for infant toddler teachers preceeded training programs for them. There were also those

who argued that infant toddler teachers did not need to be trained that experience as a mother was sufficient for the task. Katz (1980) has pointed out that mothering and child care caregiving require different skills, for example mothers' interaction with children is more emotional than teachers'. Caregivers who are trained in child development are more likely to be able to plan care based on developmental notions of behaviors. For example a trained toddler teacher knows that exploring materials, e.g. finger painting, is of more importance than pre-academic lessons. Her training helps her to justify and explain her choices of activities to parents. Caregivers who are trained in child development also are better able to distinguish maladaptive behaviors from developmentally appropriate behaviors. These skills are particularly important as toddlers develop self regulation. Finally caregivers trained in child development are more likely to be aware of the issues involved in fostering secure attachment relationships in the children in their care.

Research on infant and toddler child care supports the association between training in child development and quality of care. The national day care study (Roupp,et.al., 1979) reported that caregivers with more years of education engaged in more social interaction, cognitive/language stimulation with children and had lower ratings of child apathy and potential danger. Howes (1983) in a study of

center and family daycare home care found that training in child development was associated with more social stimulation and responsivity in both center and family settings and with less negative affect and restriction in centers.

The caregivers in the centers included in the current research project as low quality centers had no formal training in child development. The training of the caregivers in the high quality centers ranged from associate to MA degrees in child development. Moreover the high quality centers in our sample had regular in-service training and educational parent meetings while the low quality centers did not have such programs. As a matter of courtesy the project offered to conduct either in-service training or parent educationals for all of the centers that agreed to participate in the research. Only the centers latter classified as high quality centers accepted the invitation.

Design of the research study

The design of the research project was to compare child development and family characteristics in [redacted] child care centers judged to be high or low quality. The child outcomes studied in this research were the development of self regulation and compliance with adult requests. The family characteristics studied were satisfaction with child care,

stress and social support, and patterns of interaction with the child.

Despite a decade of research on the effects of infant and toddler child care on child development the literature on the effects of child care attendance on the development of self regulation and compliance is contradictory. Specifically Clark-Stewart (1982) reports that children who attended child care were more socially mature than children who did not. However Rubenstein, Howes, and Boyle (1981) report that child care children were more noncompliant and uncooperative with adults than non-child care children. One explanation for the discrepancy between studies may be the age of entry into child care. The children in Clark-Stewart's study began child care as preschoolers while the children in the other study began as infants. Several theories of the development of self regulation and compliance suggest that the toddler period is particularly important (Ainsworth,Blehar,Waters & Wall, 1978; Kagan,1981; Kopp,1982). Perhaps the experience of child care interfers with the development of self control and compliance.

Families also contribute to the development of their child care children. Rubenstein, Howes, & Boyle (1981) suggested that the differences found in child compliance may have been as much a function of family interaction patterns as of the child care experience. One of the purposes of the project was to examine how variations in family

characteristics were associated with child care attendance. We were particularly interested in differences in stress and social support. Families in which both parents work may experience chronic stress. The degree to which such stress interferes with competent parenting depends in part on the social support system of the family. We expected that high quality child care would serve as a social support and buffer some of the stress experienced by the family.

Eighty-nine families with children aged 18, 24, 30, and 36 months (all +/-3 weeks) participated in the study. The parents were middle class and well educated. Thirty-two families had a child enrolled in a high quality child care center, 25 had a child enrolled in a low quality center, and 32 families used no supplemental child care and were recruited through parent-child classes.

The centers were all community centers who enrolled full tuition parents. The centers did not differ in tuition, in type of parent served or in geographic locale. The research team spent a year in close contact with each center. This contact helped verify our placement of the center into the high and low categories. From our years of observation we now believe that the high and low centers not only differed on the three criteria of quality: adult:child ratio, stability of caregivers, and training of caregivers. The centers also differed in philosophies concerning children and parents. In the high quality centers parents were

involved in the day to day life of the center. They were welcome in classrooms, served on committees and had some say in decision making. Parents were less involved in the low quality centers. However the centers had perhaps a more realistic sense of the stressful nature of young working parents lives. The low quality centers were open for longer hours. They served breakfast and dinner and they did not expect parent participation.

Each family was seen four times. An initial 75 minute interview with the parents was used to collect information about family life. Home observations were made for an hour and a half during the time the family arrived home for the evening and the child was put to bed. The child was also observed in child care during a transition period. Finally the child and the primary parent participated in a 30-minute four task laboratory session designed to measure compliance and self control. A detailed description of all of these procedures and the associated measures can be found in Howes and Olenick (1986).

Differences in children from child care of varying quality

In the laboratory children enrolled in child care were more likely than children at home to exhibit self regulation (Howes & Olenick, 1986). Children enrolled in high quality child care centers were more likely to self regulate than children in low quality child care centers. There were no

differences between children with different child care experience in their compliance with their parent.

At home all children and their parents were negotiating compliance on the average of once every three minutes. However there were no significant difference in children's behaviors associated with child care enrollment. In the child care centers children enrolled in high quality centers were more compliant with adults and less resistant to adult suggestions than children enrolled in low quality child care.

Differences in adult behaviors

Parents who enrolled their children in high quality child care were invested in their children's compliance both at home and in the laboratory than were parents who enrolled their child in low quality child care (Howes & Olenick, 1986). At home the parents who enrolled their children in low quality child care were more likely to use an angry tone to reprimand the child while parents who used high quality child care or no child care were more likely to physically hold the child. Parents whose children were enrolled in high quality child care centers felt less helpless in their efforts to discipline their children than parents who used low quality care or who were at home with their children (Golub,Howes, Goldenberg, Lee & Olenick,1984). Teachers in high quality child care centers were more invested and

involved in compliance than teachers in low quality centers (Howes & Olenick,1986).

We also analyzed continuity between the socialization experienced by the child at home and in child care (Howes,Goldenberg,Golub,Lee, & Olenick,1984). The patterning of the behaviors of the teachers and parents of the children enrolled in high quality child care suggested a consistent high degree of adult participation in the socialization of the child, a persistence in resolving episodes, and a willingness on the part of adults to negotiate compromise. In contrast the patterning of the behaviors of the teachers and parents in the low quality centers suggest both a lack of attentiveness to the child and an expectation of the unidirectionality of the socialization process in that adults are to give the directions and children are to obey. Thus the child in each environment received a relatively consistent pattern of socialization.

Differences in family characteristics

As we had expected parents who enrolled their children in child care reported their lives to be more complex and stressful than parents in families in which only one parent worked (Howes & Olenick,1986). Parents who enrolled their children in low quality child care reported more stress than parents who enrolled their child in high quality child care. There were no differences between family groups in reported integration into social support networks. However parents

who enrolled their children in high quality child care were more satisfied with their child care than parents who enrolled their child in low quality child care (Howes & Olenick,1983). Thus child care was serving as a source of social support for the parents with children in high quality child care. In contrast child care was a source of additional stress for parents of children enrolled in low quality child care.

Discussion and conclusions

The results of this study suggest that children and their families can benefit from high quality center child care for infants and toddlers. The community based centers which had good adult:child ratios, stable and trained caregivers were able to provide care which enhanced the development of the children in their care and supported the families that used the care. The situation is of course more complex than this. Our study suggests that not only do good things within child care go together but that working parents who have less stressful lives and are more competence and confident in their parenting are more likely to be associated with high quality than low quality child care. In fact family and child care characteristics combined were better able to explain the child's behavior in the laboratory than simply the quality of the child care (Howes & Olenick,1986).

There are a number of explanations for the association between family and child care characteristics. Child care for infants and toddlers is very hard to find. All of the centers but particularly the high quality centers had long waiting lists. In fact not all women who put their names on the waiting lists months before the children were born were able to get spaces in the centers. Putting an unborn child on a child care waiting list implies a commitment both to working and to planning for the well being of the child and family. Families under stress are less able to make this kind of advanced commitment. Families under stress are also less able to do the time consuming research necessary to ask questions and to make informed decisions, and then to visit many different child care facilities. Stressed families may also have felt that they needed the longer hours of the low quality centers or that the participation expected in the high quality centers was beyond their abilities.

We observed the families and centers at one point in time. Perhaps rather than being too stressed to select high quality child care, the families who enrolled their children in the low quality centers might have appeared more like the families with children in high quality care if they too had been in high quality care. If this hypothesis has some merit then the effect of trained teachers in child care may go beyond the effect on the child. Steinberg and Green (1979) report that mothers who use center care feel that their

relationship with their child was improved as a function of contact with the center. The consistency between teacher and parent behaviors suggests that the parents may have been observing teachers for suggestions for ways to engage with their child. The teachers and parents in the high quality centers appeared, according to experts in the field, to be more competent in child socialization and parenting. Thus the trained teachers may have been also engaged in informal parent education.

This chapter opened with the question "What kind of child care should we provide for infants and toddler?". The results of this study suggest expanding the question to read: What kind of child care should we be providing for children and families? Both families and children appeared to have more optimal development when infant and toddler child care included a small number of adults per child, stable caregivers, and caregiver training.

References

Ainslie,R. & Anderson,C. (1984) Day care children's relationships to their mother's and caregivers. In R. C. Ainslie (Ed.) Quality variations in day care NY:Praeger.

Ainsworth,M., Blehar,M., Walters,E. & Wall,S. (1978) Patterns of attachment. Hillsdale, N.J.:Lawrence Erlbaum.

Clark-Stewart,A. (1982) Daycare Cambridge:Harvard University Press.

Cummings,E. (1980). Caregiver stability and daycare Developmental Psychology,16, 31-37.

Golden,M., Rosenbluth,L., Grossi,M., PolicaveH., Freeman,H. & Brownlee,M. (1978) The new York City Infant Day Care Study New YorK: Medical and Health Research Association of New York City,Inc.

Golub,J., Howes,C., Goldenberg,C. Lee,M. & Olenick,M. (1984) A comparison of discipline techniques of daycare and nondaycare parents. Paper presented at the Annual American Educational Research Association Meeting, New Orleans.

Howes,C. (1983). Caregiver behavior in center and family day care.Journal of Applied Developmental Psychology, 4 99-107.

Howes,C., Goldenberg,C., Golub,J., Lee,M. & Olenick,M. (1984). Continuity in socialization experiences in home and

day care. Paper presented at the Annual American Educational Research Association Meeting, New Orleans.

Howes,C. & Olenick,M. (1983) Parent selection of high and low quality day care. Workshop presented at the National Association for Young Children Annual Meeting, Atlanta Georgia.

Howes,C. & Olenick,M. (1986) Family and child care influences on toddler compliance. Child Development 57,

Howes, C. & Rubenstein, J. (1985). Determinants of toddlers' experience in daycare: Age of entry and quality of setting.Child Care Quarterly

Kagan,J.(1981) The second year. Cambridge: Harvard University Press.

Katz (1980) Mothering and teaching- some significant distinctions. In L. Katz (Ed.) Current topics in early childhood education Norwood,NJ.:Ablex.

Kopp,C. (1982) The antecedents of self regulation. Developmental Psychology, 18 199-214.

McCartney, K (1984). Effect of quality of day-care environment on children's language development.Developmental Psychology,20, 244-260.

O'Connell,M. & Rogers,C. (1983). Child care arrangements for working mothers :June 1982 (Current population reports, Series P-23, No. 129). Washington,DC: Government Printing Office.

Ricciuti,H. (1974). Fear and the development of social attachments in the first year of life. In M.Lewis & L. Rosenblum (Eds.) The origins of human behavior:fear. NY:Wiley.

Rubenstein,J. & Howes,C. (1979). Caregiving and infant behavior in day care and in homes.Developmental Psychology,15,1-24.

Rubenstein,J., Howes,C. and Boyle,P. (1981) A two year follow-up of infants in community based daycare. Journal of Child Psychology and Psychiatry, 22, 209-218.

Ruopp,R., Travers,J., Glantz,F, & Coelen,C. (1979) Children at the center Cambridge,MA:ABT books

Steinberg,L. & Green,C. (1979) How parents may mediate the effects of daycare. Paper presented at the Biennial Meeting of the Society for Research in Child Development, San Francisco,CA.

Whitebook,M., Howes,C., Darrah,R., & Friedman,J. (1981). Who's minding the childcare worker? Children Today, 10, 2-6.